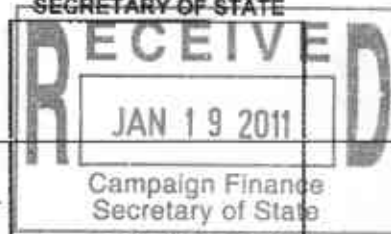


Judicial Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial ElectionDelbert Hosemann  
SECRETARY OF STATE

Name of Candidate Alexander Ignatiev  
 Address 204 Thompson St Athens County Forrest  
 Telephone Work 601-914-5660 Home 601-914-6673 Fax 601-914-5662  
 Contact Name Alex Ignatiev Email Address ailana@comcast.net  
 Office Sought Chancellor

☐ Check here if above is different from previous report

☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
☐ October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
☒ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$1,000.00	\$ 1,000.00	\$ 1,000.00
Total amount of disbursements	\$1,244.32	\$ 1,244.32	\$ 1,244.32
Total amount of cash on hand		\$	

I certify that (Signature) have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Jan 19, 2011

Authority: Refer to Miss. Code Ann. § 23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 128, Jackson, MS 39205 or fax to 601-359-1498 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Alex Ignatiev

Page \_\_\_\_\_ of \_\_\_\_\_

Reporting period

10/1/10

through

12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/29/10	\$ 500.00
Mailing Address		10/29/10	\$
City, State, Zip Code		10/29/10	\$
Name of Employer (Required)		10/29/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/29/10	\$ 500.00
Mailing Address		10/29/10	\$
City, State, Zip Code		10/29/10	\$
Name of Employer (Required)		10/29/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/29/10	\$
Mailing Address		10/29/10	\$
City, State, Zip Code		10/29/10	\$
Name of Employer (Required)		10/29/10	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/29/10	\$
Mailing Address		10/29/10	\$
City, State, Zip Code		10/29/10	\$
Name of Employer (Required)		10/29/10	\$
Occupation (Required)		Aggregate year-to-date	\$

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Delbert Hosemann  
SECRETARY OF STATE

Name of Committee Friends of Alex Ignatiev  
Address PO Box 2076 Hattiesburg MS 39403 2076  
Telephone 601-299-1091 Fax 601-914-5662  
Treasurer Bill Adcox Email \_\_\_\_\_

DATE STAMP

☐ Check here if above is different from previous report

## TYPE OF REPORT

\_\_\_\_ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
\_\_\_\_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
\_\_\_\_ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
\_\_\_\_ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
\_\_\_\_ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
\_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
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\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

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- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 800.00 + \$ 900	\$ 1700	\$ 1700
Total amount of disbursements	\$ 990.00 + <del>62.95</del>	\$ 1012.95	\$ 1012.95
Total amount of cash on hand		\$ 697.05	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39203 or fax to 601-359-1489 or 601-576-2818.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Friends of Alex Ignatiev

Reporting period

10/1/10

through

12/31/10

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Supertalk MS WFMN	10/19/10	\$ 360.00
Mailing Address		
5766 Old Hwy 11	10/24/10	\$ 630.00
City, State, Zip Code		
Hattiesburg MS 39402		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 990.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	\$
Mailing Address		
	__/__/__	\$
City, State, Zip Code		
	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	\$
Mailing Address		
	__/__/__	\$
City, State, Zip Code		
	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	\$
Mailing Address		
	__/__/__	\$
City, State, Zip Code		
	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	\$
Mailing Address		
	__/__/__	\$
City, State, Zip Code		
	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	\$
Mailing Address		
	__/__/__	\$
City, State, Zip Code		
	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$